

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

APPLICATION FOR REFUND (USDC-CAND PAY.GOV)

PAY.GOV TRANSACTION DETAILS

IMPORTANT: In the fields in this section, enter the information for the **incorrect** transaction (the one for which you are requesting a refund), not the **correct** transaction that appears on the docket. This information can be found in the Pay.gov Screen Receipt or the Payment Confirmation e-mail.

Your Name: Rebecca Williford	Your Phone Number: (510) 529-3423
Your Email Address: rwilliford@dralegal.org	Full Case Number (if applicable): 3:17-cv-01876-VC
Pay.gov Tracking ID Number: 261MLNPF	Fee Type: <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Attorney Admission <input checked="" type="checkbox"/> Civil Case Filing <input type="checkbox"/> FTR Audio Recording <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Pro Hac Vice <input type="checkbox"/> Writ of Habeas Corpus </div>
Agency Tracking ID Number: 0971- 11289526	
Transaction Date: 04/05/2017	
Transaction Time: 11:57 AM	
Transaction Amount (Amount to be refunded): \$ 400.00	
Reason for Refund Request: I was incorrectly charged twice for filing the Complaint. The reason for the double-charge is because during the first attempt to file the Complaint, after already paying the filing fee, I needed to fix an error on a previous screen. Since I had already paid, it was not possible to go back and fix the error. Thus, I was forced to abort this attempt and restart the filing of the Complaint. This required a new filing fee of \$400, which we have paid and are not requesting a refund for.	

Efile this form using OTHER FILINGS → OTHER DOCUMENTS → APPLICATION FOR REFUND. View detailed instructions at: cand.uscourts.gov/ecf/payments. For assistance, contact the ECF Help Desk at 1-866-638-7829 or ecfhelpdesk@cand.uscourts.gov Monday -Friday 9:00 a.m.-4:00 p.m.

FOR U.S. DISTRICT COURT USE ONLY	
Refund Request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Denied - Resubmit Amended Application (see Reason for Denial)	
Approval/Denial Date:	Request Approved/Denied By:
Pay.gov Refund Tracking ID Refunded:	
Agency Refund Tracking ID Number:	
Date Refund Processed:	Refund Processed By:
Reason for Denial (if applicable):	
Referred for OSC Date (if applicable):	